



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

August 29, 2016
Certified Mail/Return
7012 3460 0003 1112 7529

Olivarez Honey Bees
6398 County Rd. 20
Orland, CA 95963

Attention: Ryan Olivarez, Owner

RE: Olivarez Honey Bees, Public Water System No. 1105005 – Citation No. 21-16C-021 for Exceedance of the Bacteriological Maximum Contaminant Level in August 2016.

Enclosed is a citation issued to the Olivarez Honey Bees (Water System). The citation is being issued because the Water System failed to achieve the State Total Coliform Rule (TCR) drinking water standard during August 2016. It is important that you read this citation carefully and complete all directives by the dates specified. Public notification is required.

Because a Federal Revised Total Coliform Rule (rTCR) – Level 1 Assessment was triggered by more than one positive coliform test result in July 2016, a Level 2 Assessment is now required for August 2016. Division of Drinking water staff have completed this Assessment per proposed state regulation for the Federal rTCR and it is enclosed. It is important that you review this Assessment, and take special note to complete the identified deficiencies before routine coliform samples are collected in September 2016. A responsible party for your water system must sign, thereby acknowledging, this Assessment. A signed copy must be returned to the Division by no later than September 27, 2016.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Crenshaw".

Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

1 **Citation No. 21-16C-021**

2
3 **STATE OF CALIFORNIA**
4 **WATER RESOURCES CONTROL BOARD**
5 **DIVISION OF DRINKING WATER**
6

7 **Public Water System:** Olivarez Honey Bees

8 **Water System No.:** 1105005

9
10 **To:** Olivarez Honey Bees
11 Attn: Ryan Olivarez, Owner
12 6398 County Rd. 20
13 Orland, CA 95963
14

15 **Issued:** August 29, 2016
16 VIA CERTIFIED MAIL
17

18 **CITATION FOR NONCOMPLIANCE**
19 **With Title 22 California Code of Regulations**
20 **Section 64426.1(b)**
21

22 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
23 issuance of a citation for failure to comply with a requirement of the California Safe
24 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
25 Section 116270), or any regulation, standard, permit, or order issued thereunder.
26

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director
3 for the Division, hereby issues a citation to Olivarez Honey Bees for failure to comply
4 with Section 64426.1(b), Title 22, of the California Code of Regulations (CCR).

5
6 **APPLICABLE AUTHORITIES**

7 Section 116650 of the CHSC states:

8
9 *(a) If the Department determines that a public water system is in*
10 *violation of this chapter or any regulation, permit, standard, citation,*
11 *or order issued or adopted thereunder, the department may issue a*
12 *citation to the public water system. The citation shall be served*
13 *upon the public water system personally or by certified mail. Service*
14 *shall be deemed effective as of the date of personal service or the*
15 *date of receipt of the certified mail. If a person to whom a citation is*
16 *directed refuses to accept delivery of the certified mail, the date of*
17 *service shall be deemed to be the date of mailing.*

18
19 *(b) Each citation shall be in writing and shall describe the nature of the*
20 *violation or violations, including a reference to the statutory*
21 *provision, standard, order, citation, permit, or regulation alleged to*
22 *have been violated.*

23
24 *(c) A citation may specify a date for elimination or correction of the*
25 *condition constituting the violation.*
26

1 (d) A citation may include the assessment of a penalty as specified in
2 subdivision (e).

3
4 (e) The department may assess a penalty in an amount not to exceed
5 one thousand dollars (\$1,000) per day for each day that a violation
6 occurred, and for each day that a violation continues to occur. A
7 separate penalty may be assessed for each violation.

8
9 Section 64426.1(b), Title 22, of the CCR states:

10
11 (b) A public water system is in violation of the total coliform
12 maximum contaminant level (MCL) when any of the following
13 occurs:

14
15 (1) For a public water system which collects at least 40
16 samples per month, more than 5.0 percent of the
17 samples collected during any month are total coliform-
18 positive; or

19
20 (2) For a public water system which collects fewer than
21 40 samples per month, more than one sample
22 collected during any month is total coliform-positive; or

23
24 (3) Any repeat sample is fecal coliform-positive or *E. coli*-
25 positive; or
26

1 (4) Any repeat sample following a fecal coliform-positive
2 or *E. coli*-positive routine sample is total coliform-
3 positive.
4

5 **STATEMENT OF FACTS**

6 The Olivarez Honey Bees, domestic water system (System) is classified as a
7 nontransient noncommunity water system serving approximately 80 persons per
8 day. In accordance with Section 64423 of Title 22, the System is required to collect
9 one routine bacteriological sample per quarter, unless there was a positive
10 bacteriological sample the previous month, in which case, five routine bacteriological
11 samples are required. On August 17, 2016, the System collected one routine
12 sample from the distribution system, which contained total coliform bacteria. Four
13 repeat samples were collected on August 19, 2016. One of the four repeat samples
14 showed the presence of total coliform bacteria.
15

16 The Water System also exceeded the total coliform MCL and triggered a Federal
17 Revised Total Coliform Rule (rTCR) Level 1 Assessment in July 2016. As a result,
18 the Water System was issued Citation No. 21-16C-018 on July 28, 2016. No sample
19 discussed herein was positive for *E. coli*.
20

21 **DETERMINATIONS**

22 The Division has determined that the Water System violated Section 64426.1(b)(2),
23 Title 22, of the CCR, in that the Water System exceeded the total coliform MCL
24 during the month of August 2016. The Water System also triggered a Level 2
25 Assessment for August 2016 per the rTCR, codified in 40 CFR 141.859.
26

DIRECTIVES

The System is hereby directed to take the following actions:

1. Comply with Section 64426.1, Title 22, of the CCR in all future monitoring periods.
2. **Within 30 days** of the issuance of this Citation, provide public notification in accordance with **Attachment 'A'**, to all persons served by the System of the MCL violation as required by Section 64463.4 and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance with the following:
 - (A) Provide the notice by posting in conspicuous locations throughout the area served by the water system.
3. Changes and/or modifications to Attachment A shall be not be made unless approved by the Division.
4. Complete and return **Attachment 'B'** "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
5. Correct deficiencies specified in the attached Revised Total Coliform Rule - Level 2 Assessment performed by the Division, **before collecting the five (5) required routine bacteriological samples in September of 2016**. Return a signed copy of attached Level 2 Assessment by no later than September 29, 2016.

6. Collect and report five (5) routine bacteriological samples in the distribution system in the month of **September 2016**.

The completed and signed copy of Attachment 'B' & 'C' shall be submitted to the following address:

Reese B. Crenshaw, P. E.
Valley District Engineer
Drinking Water Field Operations
Division of Drinking Water
State Water Resources Control Board
364 Knollcrest Drive, Suite 101
Redding, CA 96002
(530) 224-4800

Nothing in this Citation relieves the System of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

The Division reserves the right to make such modifications to this Citation, as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Board to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to

correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Board to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the State Board; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with violates an order of the State Board. The State Board does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

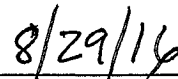
This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



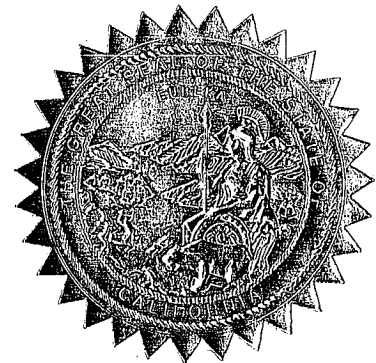
Reese B. Crenshaw, P.E., District Engineer
Valley District
Drinking Water Field Operations Branch



Date

Attachments:

- 'A' Public Notification Template
- 'B' Certification of Completion
Completed Level 2 Assessment



IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

The Olivarez Honey Bees water system did not meet Bacteriological Drinking Water Standards in August of 2016

Our water system violated the bacteriological drinking water standard for August of 2016. As our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took five (5) samples to test for the presence of coliform bacteria during August of 2016. Two (2) of the five samples showed the presence of total coliform. The standard is that no more than one (1) sample per month may have total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency; if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

In August of 2016, two out of five water samples tested positive for total coliform organisms. We are currently making repairs to the water system and will recollect 5 water samples for analysis before October 1, 2015.

For more information, please contact Ryan Olivarez @ 530-865-0298

State Water System ID#: 1105005

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Olivarez Honey Bees

Public Water System No. 1105005

Public notification for the August 2016 bacteriological failure was performed by the following method:

 Posting in conspicuous locations throughout the area served by the water system.
Please indicate the locations and date(s) the notice was posted:

I hereby certify that the above information is factual.

Printed Name

Signature

Date

State Water Resources Control Board

Division of Drinking Water

REVISED TOTAL COLIFOM RULE (RTCR) – LEVEL 2 ASSESSMENT

Due to two or more total coliform trigger exceedances in the last rolling 12 months, Division of Drinking Water staff must conduct an rTCR – Level 2 Assessment of your public drinking water system. This assessment is to identify potential reasons for the trigger exceedance.

A responsible party for your water system must review and return a signed copy of this assessment to this office.

Assessment conducted by: James Reade P.E., Associate Sanitary Engineer

Water system name:	Olivarez Honey Bees
Water system number:	1105005
Level 1 trigger dates:	7/21/16
Level 2 trigger dates:	8/22/16
Level 2 assessment date: site visit	8/22/16
Parties Present: Name/organization	James Reade/DDW Ryan Olivarez/Olivarez Honey Bees

Description of Investigation

Interview with Ryan Olivarez: Reported that there have not been any unusual activities with the water system. No maintenance or repairs. No power outages or loss of pressure.

Interview with contracted D1 operator Greg Loe: Greg conducted a disinfection of the water system after the previous months total coliform trigger exceedance. The disinfection consisted of recirculating chlorine in the well casing, then running the chlorine into the distribution system piping and allowing it to disinfect the pipes for about a day before flushing. Specific times and amounts of chlorine used were not reported. Special samples were not collected after the disinfection to verify if the procedure was successful prior to the August 2016 samples.

Review of sample results and sample sites: Previous sample results (from July) indicate low levels of total coliform bacteria 1 – 2 MPN, no E. Coli. The repeat samples for August were reported only with presence/absent, not a density method. In this set the well only was positive. Since the well is not equipped with a top-side check valve, it is unknown if the sample collector sampled water from the well (pump running) or water coming back from the distribution system. Sample sites consist of hose bibs located between 2 and 3 feet above the ground.

I collected five special samples from the locations indicated on the Bacteriological Sample Siting Plan on 8/22/16 and ran the samples using a 24 hour Colilert method. The results are as follows:

Location	Time	Total MPN	E. Coli MPN
Mobile home, S/W corner hose bib	12:15	2.0	0.0

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

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Building 1, S/E corner hose bib	12:20	0.0	0.0
Building 5, N/E corner hose bib	12:30	0.0	0.0
House N/E corner hose bib	12:40	6.4	0.0
Well hose bib (pump running)	12:50	6.4	0.0

NOTE: The DDW Redding field office does not have a certified laboratory and the above results cannot be used for regulatory compliance.

Well site inspection: At the well site, it was found that there was no casing vent and the vent port had been sealed. Inside the electrical box leading into the well, the electrical conduit was not sealed going into the well. Also the well is not equipped with a top side check valve or water meter.

Deficiencies/Conclusions

This assessment identified four deficiencies at the well. Two of these deficiencies are potential causes of the total coliform contamination.

Potential contamination deficiencies:

- 1) no casing vent
- 2) wire conduit into well needs to be sealed inside electrical box

Other deficiencies:

- 1) The well needs a top side check valve located up-stream of the pressure switch and pressure tanks.
- 2) The well needs a totalizing flow meter.

* The above four deficiencies need to be corrected and the system properly disinfected prior to next month's five routine samples. *

It is highly recommended that a special sample is analyzed about four days after the disinfection to see if it was successful prior to the routine samples being collected.

SWRCB – Division of Drinking water representative:

Name: James Reade Signature: James Reade Date: 8/24/16

Water system responsible party:

Name: _____ Signature: _____ Date: _____